

Foster Family Home - Corrective Action Report

Provider ID: 1-120034

Home Name: Melody Ramiro, CNA

Review ID: 1-120034-10

94-880 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/7/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/7/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 8/23/19 and renewed on 5/14/2020. Ecrim lapsed on 10/19/19 and renewed on 3/10/2020.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(3)- No Job experience form completed by CG#4. No proof of having met the criteria to be a substitute caregiver on a 3 client CCFFH.

41.(g)- No basic skills checklist present for CG#4 on Client #1.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for the ff:

Client #1- [REDACTED] for CG#4.

Client #2- [REDACTED] for CG#3 and CG#4.

Client #3- [REDACTED] for CG#4.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#4 without evidence of conducting a monthly fire drill.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d), (d)(1)- No written MD order present for Client #1's [REDACTED].

47.(e)- No training present on [REDACTED] for CG#1, CG#3, and CG#4 on Client #1.

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

49.(b)(3)- No [REDACTED] seen inside of Client #1 and Client #3's bedrooms as specified in each client's service plans. CG#1's bedroom was located far from clients' bedrooms.

49.(d)(2)- CCFFH with renovations in each clients' bedrooms, electrical wirings in kitchen, etc.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- No evidence of CG#3 and CG#4 having had the training of the CCFFH's Emergency Preparedness Plan.

50.(e)- No buzzer/intercom/bell seen outside of the CCFFH's gate for communication purposes; gate locked and dogs were heard barking inside.

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Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(1)- No emergency procedures and evacuation map present in the CCFFH.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2 and Client #3.

Client #1- one medication scheduled [REDACTED] was not signed from July 1,-July 6,2021.

Client #2- two medications were not discontinued in the Medication Administration Record(MAR).

Client #3- one medication's dose was written incorrectly in the MAR; MD ordered and bottle label [REDACTED] did not match the MA [REDACTED].

Maribel Nakamura, M 7/7/2021
Compliance Manager Date
[Signature] 7/7/2021
Primary Care Giver Date